



FREDERICK COUNTY GOVERNMENT

DIVISION OF CITIZENS SERVICES

Office for Children & Families

Jan H. Gardner
County Executive

Monica Grant, Director
Leslie Barnes-Keating, Director

Frederick County Local Care Team

Authorization for the Release of Information



I, _____, being parent/legal guardian of
_____ (name of child), give consent to and authorize members
of the Local Care Team of Frederick County, MD to obtain or release information both written and
verbal for coordination of services.

I authorize the following information to be exchanged: information regarding care coordination, and
case management services as well as information to facilitate obtaining, maintaining and retaining
services.

This authorizes the LCT to the release, gather and exchange information as necessary in order to
provide the services required. This authorization will remain in effect for a period of one (1)
calendar year from the date of my signature. I understand that I may revoke this authorization, ***in
writing*** at any time, except to the extent that the action has been taken in reliance upon it.

Participant Signature: _____

Date: _____

Witness Signature: _____

Date: _____